

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend				
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12	I						62			
13		I					63			
14		I					64			
15		I					65			
16		I					66			
17		I					67			
18		I					68			
19		I					69			
20		I					70			
21		I					71			
22		I					72			
23		I					73			
24	I						74			
25		I					75			
26		I					76			
27		I					77			
28		I					78			
29		I					79			
30		I					80			
31		I					81			
32		I					82			
33		I					83			
34		I					84			
35		I					85			
36		I					86			
37		I					87			
38	I						88			
39		I					89			
40		I					90			
41		I					91			
42		I					92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	3						Total Indep			
Total Depend	28						Total Depend			
Total Claims	31						Total Claims			